

Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name CVS/Pharmacy #10657 Establishment Address (number and street, city, state, zip code) 1950 State St NeW Albany IN , 47160 Owner CVS Pharmacy Owner's Address 1 CVS Prive Mc 1160 W 00 NSOCKet, RI D2965 Person in Charge Tercsa Tye Responsible Person's E-mail Certified Food Manager n/a CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS 19				Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	CMenu Ty	19-72
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative			To Be Corrected By
449	С		Observed rodent bait sto	ation uncover	d.	Today.
			-Must be covered and t	omner-resiste	int.	/
433	NC					Today
700	110		Observed mop not hund	J IU ary.	· · ·	1000
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Received by (name and title printed): Inspected by (name and title printed):						
Teresa Tye Mg Leam Tyler Smith, EHS						
Received by (signature): Inspected by (signature): Jyler Smith						
co:			cc:	1 2 2 2 1 2 2	cc:	